



TOWN OF OYSTER BAY
DEPARTMENT OF PLANNING AND DEVELOPMENT
CODE ENFORCEMENT BUREAU

74 AUDREY AVENUE
OYSTER BAY, NEW YORK 11771
(516)624-6250 Fax (516) 624-6240

FOR OFFICE USE ONLY
_____ NEW CASE #
_____ PREVIOUS CASES

REQUEST FOR INVESTIGATION

PLEASE PRINT NEATLY. Fill out all required fields and provide as much detail as possible. ANONYMOUS COMPLAINTS WILL NOT BE PROCESSED.

SECTION 1 PREMISES TO BE INVESTIGATED *(Required)*

PLEASE INCLUDE CORRECT HOUSE NUMBER TO EXPEDITE INVESTIGATION. SECTION, BLOCK AND LOT IS OPTIONAL.

Number	Street Name	Town	Zip Code
Nearest Cross Street	Tax Section	Block	Lot(s)
PREMISES TYPE: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____			

SECTION 2 OWNER INFORMATION

Last Name	First Name	Phone Number(s)	<input type="checkbox"/> SAME ADDRESS AS SECTION 1
			<input type="checkbox"/> DO NOT KNOW OWNER'S ADDRESS
Number	Street Name	Town	

SECTION 3 VIOLATIONS *(Required)*

PLEASE CHECK OFF ANY OF THE FOLLOWING WHICH APPLY, AND DESCRIBE IN FULL IN SECTION 4.

<input type="checkbox"/> Animals and Fowl	<input type="checkbox"/> Lights	<u>Illegal Housing:</u>
<input type="checkbox"/> Business – Wrong Zone	<input type="checkbox"/> Litter and Debris	<input type="checkbox"/> Basement/Cellar Apartment
<input type="checkbox"/> Corner Obstruction	<input type="checkbox"/> Non-Maintenance	<input type="checkbox"/> Illegal Apartment
<input type="checkbox"/> Dangerous Condition	<input type="checkbox"/> Noise	<input type="checkbox"/> Multiple Dwelling
<input type="checkbox"/> Dangerous or Vacant Building	<input type="checkbox"/> Peddlers	<u>Vehicles (On Premises):</u>
<input type="checkbox"/> Drainage	<input type="checkbox"/> Swimming Pools – Non-Maintenance	<input type="checkbox"/> Commercial
<input type="checkbox"/> Fencing	<input type="checkbox"/> Swimming Pool – No Permit/Fence	<input type="checkbox"/> Parking Condition
<input type="checkbox"/> Graffiti	<input type="checkbox"/> Structure – No Permits	<input type="checkbox"/> Unregistered
<input type="checkbox"/> Health and Welfare	<input type="checkbox"/> Other _____	

TIME: AM PM Random Times At All Times

AREA: Front Side Rear Interior

SECTION 4 ADDITIONAL INFORMATION/DETAILS *(Required)*

PLEASE PROVIDE EXPLANATIONS OF PREVIOUS SECTIONS, AND ANY RELEVANT MOTOR VEHICLE OR TENANT INFORMATION.

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SECTION 5 COMPLAINTANT INFORMATION *(Required)*

Last Name		First Name		Middle Initial	
Number	Street Name			Town	Zip Code
()	-	()	-		
Home Phone		Business Phone			

Signature	Date
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THIS SECTION **MUST** BE COMPLETED IN ORDER TO PROCESS THE COMPLAINT. ANONYMOUS COMPLAINTS WILL **NOT** BE ACCEPTED.

*** REQUIRED: Please attach a copy of your driver's license or have your signature notarized.**

AT TIMES IT MAY BE NECESSARY FOR THE INSPECTOR TO HAVE ACCESS TO YOUR PROPERTY IN ORDER TO VIEW THE ALLEGED VIOLATIONS DESCRIBED IN THE COMPLAINT.

ALL COMPLAINTANT INFORMATION IS KEPT CONFIDENTIAL.

ONCE SUBMITTED, COMPLAINT FORMS WILL NOT BE COPIED OR RETURNED.
